

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 6155-US-NP		
Serial No. 10/600,129	Filing Date June 19, 2003	Examiner Anne L. Holleran	Group Art Unit 1643			
In Re Application of Bacus For Method for Predicting Response to Epidermal Growth Factor Receptor-Directed Therapy						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$130.00) <input type="checkbox"/> Two months of original due date (\$490.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,110.00) <input type="checkbox"/> Four months of original due date (\$1,730.00) <input type="checkbox"/> Five months of original due date (\$2,350.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims		Minus	=	0	x \$52	= \$ 0.00
Indep. Claims		Minus	=	0	x \$220	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$390	= \$ 0.00
				Total Additional Fee for this Amendment		\$ 0.00
<small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</small> <small>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</small> <small>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</small> <small>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</small>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$1,100.00 . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
Please Send Future Correspondence To:						
21069				/Scott Bernstein/		
U.S. Patent Operations/SNB Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA				Scott N. Bernstein Attorney/Agent for Applicant(s) Registration No.: 38,827 Phone: (805) 447-4128 Date: May 13, 2010		

CERTIFICATE OF EFS-WEB TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date appearing below.

May 13, 2010
Date

/Karen Podgorny/
Name